Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 85453DMW						
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
METHOD FOR USING EFFECTIVE SPATIO-TEMPORAL IMAGE RECOMPOSITION TO IMPROVE SCENE CLASSIFICATION													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and													
was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed	d and understand t	he contents of the a	bove-	identified specification, in	cluding the c	laims, as	amended b	y any am	endment				
referred to above.  I acknowledge the duty to disclos	se to the U.S. Pate	nt & Trademark Of	fice a	ll information known to m	ne to be mate	rial to pa	atentability a	s define	d in Title				
37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below													
and have also identified below as		` '		•				-	-				
one country other than the United priority is claimed:	States of America	a filed by me on the	same	e subject matter having a f	iling date bei	fore that	of the applic	cation(s)	of which				
PRIOR FOREIGN/PCT APPLI	CATION(S) AND	ANY PRIORITY	CLA	IMS UNDER 35 U.S.C.	119:								
COUNTRY (if PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF FILING (month/dayyear)	PRIORITY CLAIMED UNDER 35 USC §119  YES NO								
	<del></del>						YES	<b> </b> -	NO				
	-	<u></u>				<del></del>	YES		NO NO				
I hereby claim the benefit under T	itle 35, United Sta	ates Code, 119 §(e)	of an	y United States provisiona	l application	(s) listed	below:	<u> </u>					
PRIOR PROVISIONAL APPLI		O ANY PRIORITY	CLA	IMS UNDER 35 U.S.C.									
PROVISIONAL APPLICATION NUMBER  60/422,666			FILING DATE (most/Vday/year) 31 October 2002										
			<u> </u>										
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:  PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER													
35USC§120:	II S ADDI	ICATIONS			<del></del>		ATUS (Chark	ona)					
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Combined Declaration For Patent Application and Pow r of Attorn y (Continued)  ATTORNEY 85453DMW											
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office c nnected therewith.											
Se	nd Correspo	ondence to:				none Calls to:					
		Patent I	_		(name and telepho	(name and telephone number)					
				Company	David M.	David M. Woods					
			te Street		585-477-5	256					
Rochester, NY 1				14650-2201	FAX: 585	FAX: 585-477-4646					
2	FULL NAME OF INVENTOR	FAMILY NAME LUO		FIRST GIVEN NAME  Jiebo	SECOND GIVEN I	NAME					
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3	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester		STATE & ZIP CODE (COUNTRY)  New York 14650-2201					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP					
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN	SECOND GIVEN NAME					
o	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP					
5	BUSINESS ADDRESS	BUSINESS ADDRESS		СПУ	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CI	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)					
tru im app	e; and further prisonment, or plication or an	r that these statements were mad r both, under Section 1001 of Title by patent issued thereon.	e with the let 18 of the U	lowledge are true and that all statements knowledge that willful false statements United States Code, and that such willful	and the like so made false statements may j	e are punishable by fine or eopardize the validity of the					
SIGNATURE OF INVENTOR 201 SIGNATURE			OF INVENTOR 202	SIGNATURE OF INVENT	MATURE OF INVENTOR 203						
	$\mathcal{L}^{\prime}$		1/2 od/	Wa J. Janah	1 / table 1	18W					
DATE 9/25/2003  DATE 9/25/2003											
SIGNATURE OF INVENTOR 204 SIGNA				OF INVENTOR 205	SIGNATURE OF INVENT	OR 206					

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